Continental J. Biomedical Sciences 9 (2): 1 - 6, 2015
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Printed in Nigeria
ISSN: 2141 – 419X
http://www.wiloludjournal.com
doi:10.5707/cjbmsci.2015.9.2.1.6

RESEARCH PAPER

CONSEQUENCES OF ANAEMIA AMONG WOMEN IN ETCHE LOCAL GOVERNMENT AREA OF RIVERS STATE SOUTH – SOUTH NIGERIA

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ABSTRACT

This study investigated the consequences of anaemia in pregnancy among pregnant women in Etche Local Government Area of Rivers State. A sample size of 100 respondents was selected through stratified random sampling technique. The instrument for data collection was a semi-structured questionnaire designed by the researcher made of 19 items. Split-half method was used to ascertain the reliability of the instrument. The percentage and chi-square method of data analysis were used to analyze the generated data. Some of the findings of the study were that 91% of the pregnant women were aware that anaemia in pregnancy can cause maternal death while 9% were not aware. However, based on the findings of the study, some recommendations were made which include; pregnant women should have sufficient intake of foods that contain iron, like; unripe plantain, beans etc. The health care facilities in the area should improve on nutrition education of pregnant women during ante-natal visits.

KEYWORDS: Anaemia, pregnancy, women, Etche, Rivers State

Received for Publication: 15/07/15 Accepted for Publication: 10/10/15
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INTRODUCTION

Anaemia in pregnancy is an important public health problem known globally (WHO, 1992). Ezzati, Lopez, Hoorn and Murray (2002) reported that half of the global maternal deaths due to anaemia occur in South Asian countries, India contributes to about 80% of the maternal death due to the anaemia in South Asia. It is obvious that India contributes both to the prevalence of anaemia in pregnancy and maternal death due to anaemia which is higher than expected by the size of its population. Dim and Onah (2007) works on pregnant mothers in Enugu South East Nigeria revealed that 40% of the pregnant women were anaemic. Adebisi and Strayhorn (2005) reported anaemia in pregnancy among residents in the United States based on race, that the blacks revealed 20.4% while the white showed 10.6%. The study further reported that teenage pregnant women had the highest prevalence in all races while mothers aged 35 and 39 had the highest prevalence. The study concluded thus; the higher the mothers' level of formal education, the lower the possibility of developing anaemia in pregnancy.

CONSEQUENCES OF ANAEMIA IN PREGNANCY

Harrison (2007) reported that in Zaria, Northern Nigeria, that mortality of women during delivery or shortly after was 20% if their haemoglobin (Hb) concentration was <50g/L. Mortality decreased as (Hb) concentration rises. 4.5% for Hb levels between 60 and 50g/L, Average figure of 12.8% applied for Hb concentration <60g/L in contrast to 2.9% among women who's Hb level was between 80 and 60g/L. Overall maternal mortality was 1%, not very different from that in many parts of Africa, Asia and among certain Latin American population. Guyatt and Snow (2001) reported that the most severely affected areas are South East Asia (48.2%) and Africa (57.1%). A large proportion of the 17.2 million anaemic pregnant women in Africa live in West Africa sub-region. The prevalence rate in some of the countries ranges from 50.2% in Togo, 66.7% in Nigeria and 75.1% in Burkina Faso.

According to Mayang, Saskina, Elviyanti, Susilowati, Sugiatmi, Martin and Ray (2001) global burden of deaths that are attributable to anaemia in women of reproductive age ranges from 16,800 to 28,000 annually with a greater risk of anaemia related deaths in pregnant women.

In Nigeria, studies have shown that anaemia contributes to the increased maternal mortality recorded in the nation. This ranges from 14.6% in North – Central Nigeria to 20% in the Western region of the country. Anaemia is estimated to contribute to 591,000 perinatal deaths globally per year (Oboro, Tabowei, Jemikalajah, 2002). Rush (2000) reported that each year more than 500,000 women die from pregnancy- related causes, 99% of these are from in developing countries. Estimates of maternal mortality resulting from anaemia range from 34/100,000 live births in Nigeria to as high as 194/100,000 in Pakistan, in combination with obstetric haemorrhage, anaemia is estimated to be responsible for 17.46% of cases of maternal death. A review of symptoms associated with maternal death in Bangladesh led researchers to conclude that anaemia had played as secondary role in nearly all cases.

STATEMENT OF THE PROBLEM

During pregnancy women become anaemic due to lack of some nutrients such as iron in the body to make hemoglobin. Complication inherent in anaemic pregnancy are; difficulty in breathing, palpitation and angina, severe anaemia due to loss of blood after the delivery, preterm delivery, reduced placental size, risk of death during the perinatal period. Anaemia in pregnancy leads to preterm delivery, difficulty in breathing and loss of blood after delivery and possibly death, Amidst the consequences associated with anaemia in pregnancy researchers such as Ezzati, Lopez, Hoorn and Murray (2002) have reported maternal death as a result of anaemia. This study is aimed at documenting the prevalence of anaemia among pregnant women in Etche ethnic Nationality South- South Nigeria.

PURPOSE OF THE STUDY

The purpose of this study specifically, is to document the consequences of anaemia in pregnancy among women in Etche Local Government Area of Rivers State.

METHODOLOGY

AREA OF THE STUDY

The area of the study of this research is Etche Local Government Area of Rivers State. Etche Local Government Area is made up of 5 clans, Okehi, Igbo, Ozuzu, Ulakwo- Umuselem and Mba.

Etche Local Government Area has boundaries at the North with Ngor Okpala Local Government Area of Imo State, Omuma and Oyibo L.G.A of Rivers State to the west, while it has boundaries with Ikwerre Local Government Area of Rivers State and Owerri North Local Government Area, to the East Lastly with Obio-Akpor and Ikwerre Local Government Area to the South. The major occupations of Etche people are farming and trading while few women are civil servants. The most prevalent religious group is Christianity while few practice Islam and Paganism. The cultural practice of all the clans of Etche is the same while the languages spoken by Etche are; Etche language, Igbo and English.

POPULATION OF THE STUDY

The target population of the study consisted pregnant women irrespective of their qualification, age, location and marital status in the clans of Etche Local Government Area in South–South Nigeria.

SAMPLE AND SAMPLING TECHNIQUES

A sample size of 100 women was selected for the study using stratified random sampling techniques. Thus;

Names of Clans	Number of distributed	Questionnaire returned	Percentage of responses
Okehi clan	20	20	100%
Igbo clan	20	20	100%
Ozuzu clan	20	20	100%
Ulakwo-Umuse lem clan	20	20	100%
Mba clan	20	20	100%
Total	100	100	100%

The 100 respondents in Etche Local Government Area, 8 of them were of the age group 12-15, 11 of the respondents were of the age group 16-19, 16 of the respondents were of the age group 20-25, 25 of the respondents were of the age group 26-30, 17 of the respondents were of the age group 31 -35, 15 of the respondents were of the age group 35-40 and 8 of the respondents were of the age from 41 years and above.

RESEARCH INSTRUMENT

The instrument for data collection in this study was the questionnaire made of 2 section, section A: dealt with the socio-demographic characteristics of respondents (Age, Religion, marital status, occupation, level of education) while section B elucidated information on respondents view about anaemia in pregnancy.

VALIDITY OF THE INSTRUMENT

The instrument was validated by two experts in public health and health education respectively. Suggestions from these experts were incorporated to re-design the instrument. Hence, the instrument was certified to be valid in face and content validity.

RELIABILITY OF THE INSTRUMENT

The reliability of the instrument was tested on twenty respondents from the pilot testing of the instrument 10 copies were subjected to statistical analysis of Cronbach alpha. A reliability coefficient of 0.85 was obtained. 0.85 reliability is high enough and can be used for the study.

ADMINISTRATION OF THE INSTRUMENT

The instrument was administered by the researcher directly on the respondents after explaining how the respondents are expected to complete the questionnaire items. The researcher engaged respondents in face to face discussion but suggestions and opinions were not used in the discussion of findings.

METHOD OF ANALYSIS

Data was analyzed using frequency counts and simple percentages to rate women’s knowledge and awareness of Anaemia in Etche ethnic nationality.

Table 2: Have you lost any relative due to anaemia in pregnancy?

Option	Responses	Percentage
Yes	19	19%
No	81	81%
Total	100	100%

The responses in Table 2 show that 19% of the respondents had lost relative due to anaemia in pregnancy while 81% of them had not lost any relatives due to anaemia in pregnancy.

Table 3: The dangers of anaemia in pregnancy include cardiovascular disorders, reduced immune functions, among others

Option	Responses	Percentage
Yes	89	89%
No	11	11%
Total	100	100%

Table 3 shows that 89% of the respondents said cardiovascular disorders, reduced immune functions are the dangers of anaemia in pregnancy, while 11% of the respondents said they are not the dangers of anaemia in pregnancy.

Table 4: Anaemia in pregnancy can cause low birth weight.

Option	Responses	Percentage
Yes	93	93%
No	7	8%
Total	100	100%

The responses in table 4 depict above that 93% of the respondents indicated that anaemia in pregnancy can cause low birth weight, while 7% indicated that anaemia in pregnancy cannot cause low birth weight.

Table 5: Anaemia in pregnancy can cause maternal death.

Option	Responses	Percentage
Yes	91	91%
No	9	9%
Total	100	100%

Table 5 shows that 91% of the respondents are aware that anemia in pregnancy can cause maternal death, while 9% are not aware of it.

Table 6: Anaemia in pregnancy can cause still birth

Option	Responses	Percentage
Yes	87	87%
No	13	13%
Total	100	100%

Respones in Table 6 depict that 87% of the respondents are of the opinion that anaemia in pregnancy can cause low birth weight, while 13% are of the opinion that anaemia in pregnancy cannot cause low birth weight.

Table 7: Anaemia in pregnancy can cause premature delivery

Option	Responses	Percentage
Yes	70	70%
No	30	30%
Total	100	100%

Table 7 shows that 70% of the respondents said that anaemia in pregnancy can cause premature delivery, while 30% said that anaemia in pregnancy cannot cause low birth weight

DISCUSSION OF FINDINGS

What are the consequences of anaemia in pregnancy among women in Etche Local Government Area of Rivers State? Anaemia in pregnancy can cause maternal death.

The result shows that 91% of the pregnant women accept that anaemia in pregnancy can cause maternal death, while 9% did not accept thus majority of pregnant women are aware of it. Similar results were obtained from Vanden Broek and Letsky (2000) found 96% of South Malawi pregnant women knows about anaemia in pregnancy and most of the them correctly indicated the signs, causes, prevention and consequences. Similar results were obtained by Ezzati, Lopez, Hoorn and Murray (2002). They found 80% of the maternal death in South Asian countries, and India as a result of anaemia in pregnancy. The result means that a very large percentage of the pregnant women accept that anaemia in pregnancy can cause maternal death. The result showed that majority of the pregnant women are aware that anaemia in pregnancy can cause maternal death is not surprising. This is because gynecologist and obstetricians have played more attention to the health of pregnant women.

The state of anaemia in pregnancy is as a result of pregnant women not taking food that are rich in iron and other vitamins such as vitamin C, folate and B12. The 9% of pregnant women who are not aware and have not heard that anaemia in pregnancy can cause maternal death are mostly women who did not keep to antenatal appointment.

In Nigeria, studies have shown that anaemia contributes to the increased maternal mortality recorded in the nation (Oboro,Tabowei, Jemikalajah, 2002).This ranges from 146% in North- Central Nigeria to 20% in the Western region of the country. Anaemia is estimated to contribute 591,000 perinatal deaths globally per year (Oboro *et al*., 2002). Rush (2000) reported that each year, more than 500,000 women die from pregnancy related causes, 99% of these in developing countries. Estimates of maternal mortality resulting from anaemia range from 34/100,000 live births in Nigeria to as high as 194/100,000 in Pakistan, in combination with obstetric hemorrhage, anaemia is estimated to be responsible for 17.46% of cases of maternal death. A review of symptoms associated with maternal death in Bangladesh led researchers to conclude that anaemia had played a secondary role in nearly all cases.

RECOMMENDATION

Based on the result that majority of the pregnant women are aware of anaemia in pregnancy which to a great extent, reduced the consequences of anaemia in pregnancy, it is recommended that,

1. Pregnant women should always go for or listen to health talks in the hospital, school, radio programmes, through friends and well-wishers.
2. Health workers should also continue to keep pregnant women informed about the consequences of anaemia regularly during antenatal visits.
3. Since more pregnant women go to government hospital for antenatal, greater percentage of pregnant women’s health lies in the hands of the government for this reason, both human and material resources should be of quality standard.
4. Pregnant women should have sufficient intake of foods that contains iron (unripe plantain, beans etc.).
   Fruits like oranges, pineapples should be eaten regularly in other to avoid deficiency in vitamin C and others which will equally supply vitamin B12 to the body.

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